

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 5/50

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Kevin Casey	Name SMWIA LU No. 28
	Labor Organization File Number 011-371
P.O. Box, Bidg., Room No., if any C/O SMWIA Lu No. 28	P.O. Box, Building and Room Number, if any
Street 500 Greenwich Street	Street 500 Greenwich Street
City New York	City New York
State New York ZIP Code + 4 10013	State New York ZIP Code + 4 10013
5. Position in labor organization.  Business Agent	
	pouse or minor child directly or indirectly had any of the following interests (clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	] [ ]
	7.b. Amount
Street	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)
Signed Com Casa	on 4/20/06 212-941-7700
	Date Telephone Number
Form LM-30 (2003)	Page 1 of 2

- ≥:

Name of Person Filing Kevin Casey	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	p1	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bidg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	(1)Hotel, airfare and daily expenses for American Alliance Conference - St. Thomas (5/18/05-5/25/05)	
Name SMWLU No. 28 Welfare Fund	- \$3,170. (2)Registration fee for American Alliance	
Trade Name, if any:	Conference - St. Thomas - \$1,745	
P.O. Box, Bldg., Room No., if any		
Street 195 Mineola Blvd.		
City Mineola		
State New York ZIP Code + 4 11501		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$4,915	